NOTICE OF FEE DUE

	02-06	-01	•	N TO
DATE:	03-00	F .		000
TO:	0t 10	ty		11
FROM:	Office of Initial Patent Ex	kamination		
SUBJECT	Fee Due			
APPLICAT	ΓΙΟΝ NUMBER:	08480)3	
Office for t authorization	e for the attached documen he following reason. Pleas on to charge a deposit accor appropriate fee. If an authociency.	se check the application. If an authorization.	on for the apponent,	propriate please
Insuffic	ient fee by check			
,	ioni roc by enock			
□ Insuffic	ient funds in deposit accou	nt		
□ Decline	d credit card		٠	
Non aut	horization for charge to dep	posit account	·Ý-	
□ No fee s	ubmitted per requirement	e .	·	·
The correct	fee code: 203	amount	\$	9,00
The suspend	ded fee code: 197	amount	- \$	9,00 7,00
Fee Due		amount	=\$	2,00
Eleanor Kur	any questions, please conta tz at 703-308-3642.	ct Cynthia Streater a	t 703-306-543	0 or
Terminal Op	erator	regesu		

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

1084803

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	ENTITY	05		RTHAN		
TOTAL CLAIMS				(00/01/11/2)		7	RATE	FEE	TOF	RATE	ENTITY	
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FEE	 	
	TOTAL CHARG	EABLE CLAIMS	n	minus 20= *				X\$ 9=		OF	X\$18=	
ΙΙ⊢	NDEPENDENT			minus 3 = *				X43=	_	OR	X86=	
Ľ	MULTIPLE DEPI	ENDENT CLAIM	PRESENT					+145=		OR		
*				zero, enter "0" in column 2				TOTAL		OR	L	. ,
	12-15-03	CLAIMS AS (Column 1)	AMENDE	TOOluit	1112/	(Column 3)	<u>_</u>	SMALI	ENTITY	OR	OTHER SMALL	
AMENDMENT A	В	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
Š	Total	. 34	Minus		34	=		X\$ 9=		OR	X\$18≈	
AM	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CAIM	-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
							A	TOTAL DDIT. FEE		ŌЯ	TOTAL ADDIT. FEE	-d.
_	<u> </u>	(Column 1)		(Columi		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENOMENT		NUMBE PREVIOU PAIO FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus *	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	***		=		X43=		OR	X86=	
	IMOTTALOL	MIXITON OF MIL	CHPLE DE	PENDENT	LAIM			+145=		OR	+290=	
				;			AD	TOTAL DIT FEE		OR A	TOTAL DDIT. FEE	•
		(Column 1)		(Column	2)	(Column 3)	THE STATE OF		17 37	` .		
LENT C		CLAIMS REMAINING . AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	31.5	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		<u> </u>		X\$ 9=		OR	X\$18=	
A M	Independent		Minus	***		=		X43=		. F	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR -		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Hinbest Number Previously Paid For IN THIS SPACE is the three th												
!	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Appli	cation	n or Dock	et Numb	er
/	0	08	486	9

CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL EN		OR-	OTHER SMALL I		
TOTAL CLAIMS		3	4				RATE	FEE		RATE	FEE	
FOR		NUMBER	FILED	NUMB	ER EXTRA	E	BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	37mir	3 minus 20= * 1		14		X\$ 9=	126.0	OR	X\$18=	
IND	EPENDENT CL	AIMS	√ mi	minus 3 = *			X42=	4210	ЮR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				Ī	+140=	7	OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	column 2	L	TOTAL	63.80	Р Ø А	TOTAL	
	C	LAIMS AS A	MENDED					CMALL	-AITITY	· •••	OTHER	
		(Column 1) CLAIMS	r 7 115		mn 2) HEST	(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 34	Minus	**	34	=		X\$ 9=		OR	X\$18=	
AME	Independent	* U	Minus	***	TCLAIM	=		X42=		OR	X84=	
	rino i Priese	MATIONOFIN	ULTIPLE DEI	ENDEN	CLAN			+140=		OR	+280=	
								TOTAL		OR	TOTAL	
		(Calumn 4)		/Colu	.m. 0\	(Column 3)	А	DDIT. FEE			ADDIT. FEE	
	www.	(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1 -	* 1	ADDI-	1 1	 	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER NOUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
NOW	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	 	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM		J	+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)		DDIT. FEE			ADDIT. FEE	
	in the state of	(Column 1) CLAIMS	5		HEST	T (Column 3)	1 -					
AMENDMENT C		REMAINING AFTER AMENDMENT	* 44	PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=-]	X42=			X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM]	/\1Z-		OR	X01-	
			ho onter:!		to "O" :	alumn 2		+140=		OR	+280=	
**	lf the "Highest Nu	mn 1 is less than t mber Previously P imber Previously F	aid For" IN TH	IS SPACE	is less tha	an 20, enter "20.	·" A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er four	nd in the apr	propriate bo	x in co	lumn 1.	